INDIVIDUAL LEARNING PLAN

For use of this form, see memo, South Central CPOC, 1 Apr 99, subj: FY 2000 South Central Automated Training Needs Assessment (ATNA)

See reverse for instructions.

NAME:

SSN:

ORGANIZATION:

POSITION TITLE, SERIES, GRADE:

SKILLS/KNOWLEDGES NEEDED IN CURRENT JOB	PERFORMANCE/KNOWLEDGE LEVEL		
	HAS	NEEDS	
		REFRESHER	TRAINING

DEVELOPMENTAL GOALS AND OBJECTIVES	12 MONTHS	1-3 YEARS

TRAINING NEEDS

COURSE TITLE/HOURS	PRI	TYPE	COURSE SOURCE	TUITION	TVL/PD

DEVELOPMENTAL NEEDS

CERTIFICATION: I certify that I will support the training and development outlined on this plan.

SIGNATURES:

SUPERVISOR - DATE	APPROVING OFFICIAL - DATE	EMPLOYEE - DATE

FK FORM 5043-R-E, MAY 99

V1.00

INSTRUCTIONS FOR USING THE INDIVIDUAL LEARNING PLAN (ILP)

Learning is a life-long process. The ILP springs from this concept and is intended for use by employees and supervisors working together to assess an employee's training and development needs. While the plan does not guarantee availability of training funds, it helps employees, supervisors and managers focus on valid learning needs and is an excellent feeder document for training surveys and budget planning.

1. The plan calls for:

    a. A competency evaluation of SKAPS (skills, knowledges, abilities, and personal characteristics) required to be successful/effective in the current job;

    b. Consideration of developmental goals and objectives; and

    c. Listing of training needs to support the above.

2. Steps for completion of the ILP include:

    a. **List the SKAPS** needed for the employee's current job. Then the supervisor and employee together assess the employee's competency in each area and place an "**X**" in the appropriate column to show employee's performance/knowledge level. "**Has**" means employee has mastered the area, "**refresher**" implies a "brush-up" situation to strengthen/renew the SKAP, and "**training**" indicates a more involved training/development situation.

    b. Consider the employee's **developmental goals and objectives** to include the current work situation, future jobs, and continued formal education. Then enter appropriate remarks.

    c. List specific **mission-related/required courses** in the training needs section. Then enter code for:

       (1) **Priority of need.**

       (a) I - Must have for acceptable performance, essential for mission accomplishment, mandated by higher authority, or is an ACTEDS leader development core course.

       (b) II - Needed for effective performance and to improve the quality of mission accomplishment.

       (c) III - Recommended for all individuals to improve or enhance knowledge, skills, and abilities needed on the job.
       (2) **Type of need.**

       (a) **ORG** (Organizational) - determined/prescribed by law, regulation, policy, MACOM/installation unique missions.

       (b) **OCC** (Occupational) - determined/prescribed by career programs and career fields.

       (c) **IND** (Individual) - identified by employees, supervisors and managers and includes training needed to effectively perform assigned/planned duties.

       (3) "**Course source**" means school's name (ALMC, ACCHRM, UAH, U of KY, etc.)

    d. **Describe developmental situtations** (special projects, cross training, OJT, coaching/mentoring, professional association membership, reading program, self-study, etc.) in the development needs section.

    e. **Signatures** in the certification section show commitment to the plan by all players.